

APPLICATION FOR A MONTANA ASBESTOS PROJECT PERMIT AND NESHA DEMOLITION/RENOVATION NOTIFICATION

This Notice must be submitted to the Department at least 10 working days prior to the start of work.

TYPE OF APPLICATION/PERMIT (See Instructions)

ACCOUNTING CODE: 574832 / 502702 / 02202

☐ Project Permit☐ NESHA Notification☐ Courtesy Notification (NESHA)

TYPE OF ACTIVITY

☐ Renovation (R)☐ Demolition (M)☐ Ordered Demolition (O)☐ Transport/Disposal (TD)☐ Emergency (E) ((E)(E)Renovation (E)☐ Courtesy (C)☐ Encapsulate (S)☐ Repair (P)☐ Enclosure (N)☐ Remove (V)☐ Revision to Permit No: MT P/N/C/F:

ASBESTOS PROJECT CONTRACTOR (Operator)

Asbestos Project Contractor, Individual or Company Name

Mailing Address

City

State

Zip

County

Company E-Mail Address (Optional)

Contractor Contact Person (First and Last Name)

Telephone Number

Fax Number

On-Site Project Contractor/Supervisor

Contractor/Supervisor Accreditation Number

Expiration Date

DEMOLITION/RENOVATION CONTRACTOR (Operator)

Demolition/Renovation Contractor, Individual or Company Name

Mailing Address

City

State

Zip

County

Company E-Mail Address (Optional)

Contractor Contact Person (First and Last Name)

Telephone Number

Fax Number

SITE INFORMATION

Building Name / Site

Location Address

City

State

Zip

County

Site Contact Person (First and Last Name)

Site or Contact Person Telephone Number

Building Size (sq. ft.)

Number of Floors

Age of Site in Years

Latitude

Longitude

SITE/BUILDING OWNER

Owner Name

Mailing Address

City

State

Zip

County

Telephone Number

Contractor Contact Person for Owner(First and Last Name)

LOCATION PRESENT USE*

*Commercial ~ Hospital ~ Industrial ~ Miscellaneous ~ Office ~ Public Building ~ Residence ~ School ~ Ship/Boat ~ University/College ~ Vacant

☐ C☐ H☐ I☐ M☐ O☐ P☐ R☐ S☐ B☐ U☐ V

LOCATION PRIOR USE*

☐ C☐ H☐ I☐ M☐ O☐ P☐ R☐ S☐ B☐ U☐ V

PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION

Is Asbestos Present?

Inspection Date:

Type Of Inspection:

☐ Yes☐ No☐ General Inspection☐ Project Specific Inspection

Printed Name of Inspector Who Performed Inspection

Accreditation Number

Expiration Date

Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS MATERIAL

Type of:

Amount	Measurement	ACM to be Abated	Non-Friable ACM to be removed		Non-Friable ACM <u>not</u> to be abated	
			CAT I	CAT II	CAT 1	CAT II
1	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
2	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
3	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
4	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
5	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
6	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
7	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
8	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
9	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
10	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					

SCHEDULED DATES FOR ASBESTOS ABATEMENT

SCHEDULED DATES FOR DEMOLITION/RENOVATION

Start Date (mm/dd/yyyy)	Complete Date (mm/dd/yyyy)	Start Date (mm/dd/yyyy)	Complete Date (mm/dd/yyyy)

PROJECT DESIGN INFORMATION

Description of planned demolition or renovation work and method(s) to be used:

Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition and renovation site:

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder:

Print First and Last Name of Project Designer (PD)

(Accreditation Number/Exp. Date)

RACM WASTE TRANSPORTER

☐ Check if same as Abatement Contractor

Contractor, Individual or Company Name

Mailing Address

City

State

Zip

County

Telephone Number

Fax Number

Contractor Contact Person (First and Last Name)

RACM WASTE DISPOSAL SITE

- | | | |
|--|--|---|
| <input type="checkbox"/> Allied Waste Systems - Missoula | <input type="checkbox"/> Coral Creek - Baker | <input type="checkbox"/> Northern MT - Conrad |
| <input type="checkbox"/> Butte Silver Bow - Butte | <input type="checkbox"/> Daniels County - Scobey | <input type="checkbox"/> Park County - Livingston |
| <input type="checkbox"/> City of Billings - Billings | <input type="checkbox"/> Flathead County - Kalispell | <input type="checkbox"/> Richland - Sidney |
| <input type="checkbox"/> City of Hardin - Hardin | <input type="checkbox"/> High Plains Site 1 - Great Falls/Floweree | <input type="checkbox"/> Sheridan County - Plentywood |
| <input type="checkbox"/> City of Malta - Malta | <input type="checkbox"/> Libby Class II - Libby | <input type="checkbox"/> Valley County - Glasgow |
| <input type="checkbox"/> City of Shelby - Shelby | <input type="checkbox"/> Miles City - Miles City | <input type="checkbox"/> Valleyview - Helena |
| <input type="checkbox"/> Other: | | |

I certify that: an individual trained in the provisions of 40 CFR part 61, subpart M will be onsite during the demolition or renovation; that evidence of the required training accomplished by this person will be available for inspection during the project work hours; that all work pursuant to the authorization of the Asbestos Project Permit will be performed in accordance with 40 CFR part 61, subpart M, Mont. Code Ann. §§ 75-2-501--519, ARM 17.74.301 - 17.74.406; that all regulated asbestos-containing waste materials removed during this project will be transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility; and that for all projects, as applicable, a copy of the application, approved permit, project design, sketch, and list of workers will be posted on site.

Printed Name / Signature

Date

I certify that the above information is correct.

Printed Name / Signature

Date

IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order:

Date Ordered to Begin:

EMERGENCY RENOVATION

FOR EMERGENCY RENOVATIONS - APPLICATION MUST BE SUBMITTED WITHIN FIVE DAYS OF NOTIFICATION

Date and Hour of Emergency

Date

Hour

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

FOR ASBESTOS PROJECTS PLEASE ENSURE THE FOLLOWING IS POSTED ON SITE PER ARM 17.74.355

A Approved permit from the Department.

B1. Project design with sketch. -OR-

B2. Contractor Standard Operating Project Design dated _____. Project specific sketch, workers, and variance request.

C. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates.

D. *FOR WORK AT SCHOOLS: Copy of the initial course certificate and the most recent refresher certificate (Per 40 CFR 763, Subpart E, App. C, paragraph I(C)).*

Contract Volume and Fee Information

Type of Cost	Cost Description	Cost
Associated	Prep - Pre-Cleaning/Set up	
Associated	Tear Down	
Associated	Mobilization/Demobilization	
Associated	Removal and Disposal of Asbestos	
Associated	Prepare Site Specific Project Design	
Associated	Prepare and File State Application	
Associated	Time and Material Basis	
Associated	Indirect Costs (SS, Medicate, etc.)	
Associated	Owner will provide electrical	
Associated	Owner will provide sufficient water and sewer	
Associated	Personal Air Monitoring	
Non-Associated	Air Clearances	
Non-Associated	Pay and Performance Bonds	
Non-Associated	Insurance	
Non-Associated	MDEQ Asbestos Permit Fee	
Non-Associated	Time, Travel, Per Diem to Project Site	
TOTAL		

Contract Volume and Fee Information

x 10% =

Actual Contract Volume

Fee Amount Enclosed

Check No.

DEPOSIT LOG NO.

**Mail completed form and fee to: MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901
OR**

Complete the Online Application at www.asbestos.mt.gov

Mont. Code Ann. § 75-2-503(2) requires the department to issue a permit within seven calendar days following receipt of a complete application with fee for asbestos projects which cost \$3000 or less. For projects exceeding \$3000, the estimated time to process and issue a decision is ten working days.